

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00448696 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee U.S. Postal Service			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2015 </div>	
Mailing Address 475 Lenfant Plz SW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 800.00 </div>	
City Washington	State DC	Zip Code 20260-0004	Transaction ID : E3EAE1DD80CF447B5BD Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2015 </div>	
Purpose of Expenditure IE-Lee-Postage		Category/ Type	Name of Federal Candidate Mike Lee	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100740.39 </div>				

Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 04 / 2015 </div>	
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 111.50 </div>	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E96B1AE478830475595B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 04 / 2015 </div>	
Purpose of Expenditure IE-Lee-Donation Processing		Category/ Type	Name of Federal Candidate Mike Lee	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100851.89 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 911.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
 09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2015	
Mailing Address 475 Lenfant Plz SW		Amount 400.00	
City Washington	State DC	Zip Code 20260-0004	Transaction ID : E07CF2A5D1C074B1C9FE
Purpose of Expenditure IE-Lee-Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2015	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: UT	
Calendar Year-To-Date Per Election for Office Sought 101251.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee U.S. Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2015	
Mailing Address 475 Lenfant Plz SW		Amount 400.00	
City Washington	State DC	Zip Code 20260-0004	Transaction ID : E01CD5B93E2B34EB5967
Purpose of Expenditure IE-Lee-Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2015	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: UT	
Calendar Year-To-Date Per Election for Office Sought 101651.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2015	
Mailing Address PO Box 388		Amount 65.25	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E208C6582475E45F8B14
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 101717.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2015	
Mailing Address PO Box 388		Amount 120.50	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EFA2F717366C24E8BA22
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 101837.64		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	185.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2015	
Mailing Address PO Box 388		Amount 100.75	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : ED96FBA6DDC8341AEA9I
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 101938.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Alliance Strategies Group Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2015	
Mailing Address 7700 Congress Ave Ste 3208		Amount 653.44	
City Boca Raton	State FL	Zip Code 33487-1358	Transaction ID : EDE23F04F74294ED48FC
Purpose of Expenditure IE-Lee-Email Marketing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 102591.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	754.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2015	
Mailing Address PO Box 388		Amount 34.50	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E7E4A2D77EFC04689B93
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		102626.33	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2015	
Mailing Address PO Box 388		Amount 89.30	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E80241E9688E34B70983
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		102715.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	123.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2015	
Mailing Address PO Box 388		Amount 38.30	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E158AFADDA8E4461DBB9
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		102753.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2015	
Mailing Address PO Box 388		Amount 31.50	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E8E8352D60F5F40549E6
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2015
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		102785.43	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2015	
Mailing Address PO Box 388		Amount 19.13	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EA3930CFC A247461C86E Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2015
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: UT
Calendar Year-To-Date Per Election for Office Sought		102804.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2015	
Mailing Address PO Box 388		Amount 3.00	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E0578B7AC45244071B8A Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2015
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: UT
Calendar Year-To-Date Per Election for Office Sought		102807.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 08 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address US Route 1			Amount 41.55		
City Alexandria	State VA	Zip Code 22314-0000	Transaction ID : EAF7950502F674E7DBFD		
Purpose of Expenditure IE-Lee-Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2015		
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought		115956.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Envision Printers/Marketing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address 2 Riverbend Pkwy			Amount 13107.85		
City Leesburg	State VA	Zip Code 20176-0000	Transaction ID : E6F4573520AFB4C3B837		
Purpose of Expenditure IE-Lee-Direct Mail Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2015		
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought		115956.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13149.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	16016.57

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 08 / 2015

Signature